



**BEFORE THE LIQUOR CONTROL COMMISSION**  
**SANGAMON COUNTY, ILLINOIS**

The undersigned hereby applies for a Sangamon County Liquor License to sell alcoholic beverages under the Laws of the State of Illinois and the ordinances of Sangamon County now in force or which may be hereafter passed, and the undersigned supports its application as follows:

1. Classification of license applied for:

- |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 1AA | <input type="checkbox"/> 1BB | <input type="checkbox"/> 1E  | <input type="checkbox"/> 1K  |
| <input type="checkbox"/> 1FF | <input type="checkbox"/> 1RR | <input type="checkbox"/> 1GG | <input type="checkbox"/> 1PC |
| <input type="checkbox"/> 2AA | <input type="checkbox"/> 3AA | <input type="checkbox"/> 1WW | <input type="checkbox"/> 1IS |

Application for:

- Application for license for a proposed new alcoholic liquor business  
 Application for a new license as purchasers of license number

2. Please indicate which of the following is being applied for:

- Club  
 Corporation  
 Partnership  
 Sole Proprietorship

**\*\*Please refer to the section below that applies\*\***

**CLUB**

Please provide the following:

Name of the club: \_\_\_\_\_

Please attach **two copies** of a list of the names and residences of membership.

**CORPORATION**

Please provide the following:

Name of Corporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Please attach **Articles of Incorporation.**

Please attach a **list of the names and addresses of all officers, directors and stockholders owning more than 5% of the stock.**

## PARTNERSHIP

Please furnish the name of the partnership and each name and address of the partner(s):

Name of partnership: \_\_\_\_\_

Name of Partner(s)	Address	City/State/Zip	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide a **copy of the partnership agreement**. If more space is needed, please provide the information on a separate piece of paper entitled "**Partnership Information**".

## SOLE PROPRIETORSHIP

Please provide the following:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**\*\*The following questions apply to ALL applicants\*\***

3. If any individual applicant partners of applicant, corporate officers, directors, and stockholders owning more than 5%, managers and/or supervising agents are not naturalized citizens, please provide the following:

Name	Age	Place of Birth	Date and Place of Naturalization
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4. If any individual applicant, partners of applicant, corporate officers, directors, and stockholders owning more than 5%, managers and/or supervising agents have had a license revoked or suspended for the sale of alcoholic liquors, please provide the following:

Name	Age	Crime	Date and Place of Conviction
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5. If any individual applicant, partners of applicant, corporate officers, directors, and stockholders owning more than 5%, managers and/or supervising agents applied for a similar or other licenses on premises other than those described in this application, please provide the following:

Name	License Applied For	Date of Application	Disposition of Application
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6. If any individual applicant, partners of applicant, corporate officers, directors, and stockholders owning more than 5%, managers and/or supervising agents are non-residents of Sangamon County, please provide the following:

Name	Individual, Partner, Corp. Officer, etc.	Place of Residence
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7. Applicants information:

a. Has the applicant, or any partners of applicant, corporate officers, directors, stockholders owning more than 5%, managers and/or supervising agents name, accepted, received or borrowed money or anything else of value, or accepted or received credit (other than merchandising credit in the ordinary course of business for a period not to exceed thirty days) from any manufacturer, importing distributor or wholesaler of alcoholic liquor or from any stockholder or officer of any corporation engaged in, or any person connected with such business?

If yes, please provide the following:

Name	Individual, partner, corporate officer, etc.	Nature of relationship
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8. Business Information:

a. Name of Business: \_\_\_\_\_

b. Location of Business: \_\_\_\_\_

c. Type of business: \_\_\_\_\_

d. Is the property line of the proposed location within one hundred feet of the following?

Schools       Yes    No

Churches       Yes    No

Residents       Yes    No

e. Does the applicant own the premises:    Yes    No

If **not** owned, please indicate owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's phone number: \_\_\_\_\_

\*      Please attach the lease or rental agreement

\*      Date lease/rental agreement expires: \_\_\_\_\_

9. Where will the alcoholic beverages be sold/delivered? \_\_\_\_\_

a. Number of bars/stands serving alcoholic liquors  

b. Will alcoholic liquors be sold or delivered outside any building or structure situated on said premises?    Yes    No

c. Will alcoholic liquors be sold for consumption on premises?    Yes    No

d. Will food be served?    Yes    No

**Sangamon County Department of Public Health License Number:** \_\_\_\_\_

10. Special Permits **\$100.00 per** permit applied for: (please indicate the number of permits)

Beer Garden                                       Drive-Up Window

Additional Bars                                       Package Liquor

Patio

11.                       Video Gaming permit **\$1,000.00**

12.      Employment of applicant or any other person named above:

- a. Is the applicant or any other person named above an employee of the Sangamon County Sheriff's Office:     Yes     No
  
- b. Is the applicant or any other person named above, the spouse or household member of an employee of the Sangamon County Sheriff's Office:     Yes     No
  
- c. Does any employee of the Sheriff's Department of Sangamon County have any interest, either directly or indirectly, in the license for which application is herein made or in the premises or in the profits or proceeds from the sale of alcoholic liquor under the license applied for?         Yes     No
  
- d. Is the applicant or any other person named above a law enforcing public official, a member of the local liquor control commission, a mayor, alderman, member of the city council or commission, president of a village board of trustees, member of a village board of trustees, or president or member of a county board?:     Yes     No
  
- e. If any of the answers to (a), (b), (c) or (d) is "**yes**", please explain:

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13. The applicant hereby agrees to the following:

- a. The undersigned has the authority to fill out the information in this application.
- b. The applicant shall not violate any of the laws of the United States or State of Illinois or any ordinances of Sangamon County in the conduct of his/her business.
- c. The applicant shall agree that in the event the foregoing promise is broken the license herein applied for may be immediately suspended or revoked.
- d. The applicant shall agree that the license applied for, if granted, may be immediately suspended or revoked if any statement above made by applicant herein is not true.
- e. The applicant shall, if required by the Local Liquor Commissioner, permit a record of his/her fingerprints to be made by the Sangamon County Sheriff's Office for purpose of additional investigation in determining whether this application should be granted.
- f. The applicant shall, if required by the Local Liquor Commissioner, permit a record of the manager's or supervising agent's fingerprints to be made by the Sangamon County Sheriff's Office for purposes of additional investigation in determining whether this application should be granted.
- g. The applicant shall testify under oath to all relevant and material questions asked of him/her in any hearing by the Local Liquor Control Commission before or after issuance of a license to him/her.
- h. The applicant shall agree to inform the Dept. of Building & Zoning of any changes in the information in this application.
- i. The applicant shall agree to inform the Dept. of Building & Zoning of any failure to operate the business at the location referred to in the license for a period of sixty continuous days.
- j. The applicant shall not permit any unlawful, disorderly, or immoral practice upon the licensed premises.

14. Primary Contact Information:

Contact (F, M, L): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**CERTIFICATION OF APPLICATION BY APPLICANT**

I, \_\_\_\_\_ on oath states as follows:

1. That I have received a copy of the Liquor Ordinance of Sangamon County.
2. That I will read said ordinance prior to conducting business as a licensed premise.
3. I will not violate any of the ordinances of the County of Sangamon or the laws of the State of Illinois or the laws of the United States of America.
4. That I have filled out the information required by this application and the statements contained in this application are true and correct and to the best of my knowledge and belief.
5. That I understand that the attached information is incorporated into the application and the statements contained in the attached information are true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Applicant